Grimes Parks & Recreation Depart

Telephone: (515) 986-2143

Fax: (515) 986-2143

www.grimesiowa.gov



Weight Loss Wednesday Workouts

Program Description:

Explosive Performance will be providing group workouts to jumpstart your resolution! Hour-long workouts include warm-up and cool down. Resistance training, aerobic and anaerobic workouts targeting weight loss. All ages and levels of fitness are encouraged to attend! Workouts will be modified individually in a group setting. Min. 6/Max 25

	es will be modified individually in a grou		
Who:	All Ages and Fitness Levels		A
When:	Wednesdays in January from 7:30-8:3 Dates are Jan. 4, 11, 18, 25, 2012	gopm	
Where:	Grimes Community Complex in Taekw	vondo Room	
Questions:	Eric Shafer, Trained Instructor By phone at 515-480-0131 or by email at eric.c.shafer@gmail.com		
To Register:	**Register: Please go to the website at www.grimesiowa.gov to register or stop		
	Mail payment to the Grimes Parks and	l Recreation (Office at 410 SE Main
	Street in Grimes, Ia 5011.		
Cost:	\$30 for all 4 sessions		
	Weight Loss Wednesday Workouts in Ja		
PARTICIPANT'S N	AME:	DOB:	Age:
PARENT/GUARDI	AN'S NAME:		
	S:CITY:		
EMAIL:	PHONE:		
employees, and the coaches	Release and Indemnification Agreept my application for registration in this Grimes Park and Recreation and volunteers associated with this program from all claims which this program. I further agree to indemnify the City of Grimes, its e	on Department program may arise in the event	I am injured in an accident that occu

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature Date